

## Important Eligibility Information for Community-Based Substance Use Disorder Service Providers

The following charts indicate coverage groups that do not have Medicaid coverage for Community-based Substance Use Disorder benefits and coverage groups where Medicare is the primary payer. All other coverage groups **have** Substance Use Disorder benefits. Also, look/listen for the Manage Care Organization (MCO) in the Eligibility Verification System (EVS) message. For HealthChoice participants, bill the MCO if listed or bill Medicaid FFS if no MCO is listed.

### NOT ELIGIBLE FOR SUBSTANCE ABUSE BENEFITS

Coverage Group	Online EVS Message	Phone EVS Message
<b>Family Planning – P10</b>	<b>Benefit Description</b> – Recipient has Family Planning coverage ONLY. Abortion and Infertility services not covered.	Recipient has Family Planning coverage ONLY. Abortion and Infertility services not covered.
<b>Long Term Care for Aged, Blind and Disabled – L01- L99</b>	<b>Facilities</b> – Recipient is in a Facility.	Recipient is in a Facility.
<b>Specified Low-Income Medicare Beneficiaries (SLMB, SLMB II) – S07, S14</b> [Participant does not have Medicaid benefits. There is no coverage if Medicare does not pay.]	<b>Benefit Description</b> – Recipient is SLMB (Recipient is eligible for Medicare part B premium payment only)	Eligible for Medicare Part B premium payment only.

The following chart includes the coverage group that must be billed to Medicare. If a recipient is in another coverage group and they also have Medicare it will be noted in the EVS message. Do not submit claims to Medicaid. For full dual eligible recipients, as well as Qualified Medicare Beneficiaries (QMBs), bill Medicare and then claims will automatically be forwarded to Medicaid for the Medicaid share.

### COVERAGE GROUPS WITH MEDICARE

Coverage Group	Online EVS Message	Phone EVS Message
<b>Qualified Medicare Beneficiary (QMB) – S03</b>	<b>Benefit Description</b> – Recipient is QMB, Participant has MEDICARE (Provider must bill the Medicare carrier first)	Recipient is QMB, MEDICARE primary payer (Provider must bill the Medicare carrier first)